

ATTACHMENT A
DEPARTMENT OF BOATING AND WATERWAYS
Boating Safety Grant Proposal Application Form

YEAR 05/06

ORGANIZATION

FEDERAL NOT-FOR-PROFIT NUMBER _____

MAILING ADDRESS

LOCATION OF PROGRAM

TYPE OF PROPOSAL

(check one)

☐ Scholarship ☐ Equipment ☐ Combined Scholarship/Equipment

GRANT AMOUNT REQUESTED:

SUMMARY OF PROPOSAL:

CONTACT PERSON:

NAME: _____ TELEPHONE: (____) _____ EMAIL _____

PREPARED BY: (if different from above)

Date:

SIGNATURE OF OFFICER:

TITLE:

Date:

DBAW USE ONLY: **Additional Review and Action**

☐ Approved ☐ Disapproved

Priority No:

AGPA _____ Comment: _____

SSM _____ Comment: _____